

Ambassador's Community Grants Program Office
P.O. Box 1014
Addis Ababa, Ethiopia

Dear Applicant;

Thank you for your interest in the assistance of the United States Embassy in achieving the goals of your project. The Ambassador's Special Self-Help Program (SSHP) provides financial assistance to community-initiated activities in Ethiopia that **promote self-reliance and foster development** in the areas of education, health, water and sanitation, gender and disability support, the environment, skills-building and income generation, among others.

Projects selected for Special Self-Help funding:

- Are initiated by the community or village, and benefit residents by increasing income or improving living conditions.
- Are sustainable and do not require continued outside support after the one-time contribution from the SSHP.
- Require substantial community contributions in the form of cash, labor or materials.
- Completed within one year.

The maximum award for funded projects is \$12,000 and most Self-Help grants are between \$10,000 and \$12,000. All grants are "one-time only."

Please review the criteria noted above and carefully consider whether your project qualifies. If so, complete the attached application form by answering each question. Please return your application with enclosed or attached pro-forma invoices for all products and services you are requesting to purchase.

Applications for SSHP funding will be accepted starting from **January 8, 2016**. The **final deadline** for receiving applications is **Monday March 7, 2016**. Applications received after the closing date and time will not be considered until the next funding cycle.

Applications will be accepted in either paper or electronic format. Electronic applications may be submitted in either Microsoft Word or PDF format. Send your applications to:

Ambassador's Community Grants Program Office
Special Self-Help Program (SSHP)
Attention to: Wondimu Regaa
U.S. Embassy, P.O. Box 1014,
Addis Ababa
Tel. (Office): 0111-30-65-33/6152
Fax: 0111-24-24-31
E-mail: ET-SG-SSHP_state.gov@state.gov

Attachment

GRANT APPLICATION SUMMARY SHEET

(Complete and attach to proposal)

Organization Name: _____

Town: _____ **Woreda:** _____ **Region:** _____ **P.O. Box:** _____

Contact Person: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Project Title: _____

Project Location (town, woreda and region): _____

Amount of Request to U.S. Embassy: _____

Total Project Budget: _____

Community Contribution (for example, cash, labor, materials):

Has your organization begun working on the project? ____ Yes ____ No

If yes, please attach a photo illustrating the work already completed.

Has your organization applied previously for Special Self-Help funds? ____ Yes ____ No

If yes, provide the name of the project, the year applied and the result of the request:

Project Summary: Provide a brief summary of the project for which you are applying for funding. Please be sure to detail what *specific* problem or need your project will address.

Name of person completing this form: _____

Signature: _____ **Date:** _____

APPLICATION FOR ASSISTANCE

Please complete fully, attach pro-forma invoices for all items requested, and return by mail, fax or email.

1. Applicant Organization

Name: _____

Town: _____

Woreda: _____

Region: _____

P.O. Box: _____

Contact Person: _____

Telephone: _____

Email: _____

2. Project Title: What is the name of the project?

3. Location: In which town, woreda and region will the project be implemented?

4. Type: What is the type of project for which you are seeking U.S. Embassy assistance (For example; school construction, potable water development, income generation)?

5. Purpose: What will the project accomplish?

6. **Rationale:** What problem or need will the project address? Please be sure to clearly state the problem that requires your intervention and how you will mitigate and/or alleviate it. Also include how your community will be involved in implementation.
7. **Objectives:** What are the project's objectives? All objectives should be **SMART** (i.e., Specific, Measurable, Achievable, Realistic and Timed).
8. **Activities:** What do you intend to do to accomplish your objectives? Please list the activities in the order in which they will be implemented. What work has already been done (for example, foundation laid, walls built to window level, revenue raised)? **Please attach a photo illustrating the work already completed. Remember: there should be a direct relationship between the activities and the budget items described in Item 19.**
9. **Timeline:** When did work on the project begin or when do you anticipate it beginning? What is the estimated time it will take to complete the project?
10. **Beneficiaries:** How many and what population groups (for example, women, the disabled, street children) will benefit from the project?

Direct beneficiaries: male ____ female ____

Population(s):

Indirect beneficiaries: male ____ female ____

Population(s):

11. **Expected Outcomes:** In what ways will the beneficiaries' lives change or improve as a result of the project? How will you know the intended change or improvement has been achieved?
12. **Engagement of Stakeholders:** What stakeholders (beneficiaries on whose behalf your NGO is applying for funds, woreda administration) need to be engaged to ensure the project's success? How will you involve them? Please attach letters of support or commitment from your intended stakeholders.
13. **Support/Commitment Letters:** If you are proposing to build a school or health facility, or develop a water source, please attach a letter of support from the appropriate woreda office (for example, education office, health office or water resource office).
14. **Challenges:** What potential challenges will you face in implementing the project? How will they be addressed?
15. **Sustainability:** Once it is completed, what will be done to ensure the project continues to provide its intended impact?
16. Will the involvement of professional or technically-trained individuals be required to sustain the project results? If so, please list them and describe how you will employ them.
17. Is it fully understood that any U.S. Embassy contribution to this project will be one-time only?
18. **U.S. Embassy Contribution Requested (in U.S. dollars):** Please state the amount you are requesting in U.S. dollars. When calculated in Birr, this figure should be the same as the total amount requested in Item 19.

19. **Community Contribution:** What contributions of cash, labor or materials will the community and/or beneficiaries make to the project (for example amount of construction supplies, number of volunteers working for how many days)? Please provide estimates of current market prices of your in-kind contribution.
20. **Detailed Description:** Provide a detailed description of the specific items for which the funds will be used. Include specifications of size and structure (for example, 6' x 8' room, poured concrete with aluminum roofing sheets). Also include sketches or drawings of any buildings on a separate sheet. Formal blueprints are not required.
21. **Project Budget (in Ethiopian Birr):** Please list all items to be purchased with the assistance given and **state the expenses in Birr**. Your project can only be considered for funding **if you provide pro-forma invoices for all products and services requested**. Make sure the amount requested equals the total cost of the pro-forma invoices. Use a separate sheet if necessary. **Remember: there should be a direct relationship between the activities you describe in Item 8 and the budget.**

Item	Unit of Sale	Price per Unit (Birr)	Quantity	U.S. contribution	Community Contribution	Total Price
<i>Example</i> : Cement	50 kg.	(300) Birr	10	(3000) Birr	300 Birr	3300 Birr

Total Amount Requested: _____

Note: Expenses that fall outside the project activities will not be covered.

22. **Background of Applicant Organization:** What are your organization's objectives? When your organization was legally established? Who are your members? How does this project fit with your objectives?
23. **Capacity of Applicant Organization:** What other community-based development projects has your organization implemented? How have they improved the community?
24. **Project Leadership:** Who will be the person responsible for ensuring completion of the project? What are his/her qualifications? Attach CV.
25. **Past U.S. Embassy Assistance:** Has your organization applied previously for Special Self-Help funding? If so, give the name of the project, the year applied and the result of the request.
26. **Other Assistance:** Have you applied to other embassies or organizations for assistance with this project? If so, please list them and give the results of the request.
27. **Record Keeping:** Will records be kept for at least three years and be made available for inspection?
28. **Project Monitoring:** Will representatives of the U.S. Embassy be permitted to observe your activities (for example, construction of new classrooms) or view your newly-purchased equipment (for example; woodworking machine) in order to assess project performance?
29. **Responsibilities of Applicant Organization:** Do you agree to be responsible for all expenses that fall outside the project activities? Do you agree to handle all arrangements

and logistics related to project implementation (for example, transporting a grinding mill from Addis Ababa to the project site)?

30. **Maintaining Contact:** If your address, telephone number or email address changes, or any changes in operational area context will you immediately provide the new information to the U.S. Embassy?
31. **Submission of Progress Reports:** Do you agree to provide the U.S. Embassy with required semi-annual, annual progress and financial summary reports? Properly document original receipts for all expenditures to be checked during field visits by the Embassy staff?
32. **Ethiopian Government Involvement:** What is the role, if any, of the Ethiopian Government in this project?
33. **Legal Status:** Please attach a **certificate of registration from the Charities and Societies Agency** (required). If your organization has not obtained these documents, please state why.

Name of person completing this form: _____

Signature: _____ Date: _____